Weatherization Assistance Program

No cost weatherization measures for income qualified households.

**INCOME ELIGIBILITY CHART**

<table>
<thead>
<tr>
<th># of Household Members</th>
<th>Gross Monthly Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,264.00</td>
</tr>
<tr>
<td>2</td>
<td>$3,051.67</td>
</tr>
<tr>
<td>3</td>
<td>$3,838.33</td>
</tr>
<tr>
<td>4</td>
<td>$4,625.00</td>
</tr>
<tr>
<td>5</td>
<td>$5,411.67</td>
</tr>
<tr>
<td>6</td>
<td>$6,198.33</td>
</tr>
<tr>
<td>7</td>
<td>$6,985.00</td>
</tr>
</tbody>
</table>

Am I Eligible?
The Weatherization Assistance Program is free to those who qualify. Review the income Eligibility Chart to see if you are eligible.

Required Documents
The following documents are required to submit a Home Weatherization Application. Please make copies of each document and include with your application (If you are unable to provide each document, submit your application with the documents you have and a weatherization service provider case worker will follow up with you to complete your application).

- Completed application with all required signatures
- Copy of picture ID for anyone over 18 years
- Copy of social security cards for all household members
- Copy of your last Entergy bill
- Proof of income for all household members over 18 years. This can include:
  - The last four paystubs
  - Retirement documentation
  - Disability documentation
  - Most recent social security award letter
- If there is no income in the household:
  - Over 18 years: Zero Income Statement Form must be completed
  - Student: Provide a Student ID
  - Live alone: Zero Income Statement Form, Zero Income Supplemental Sheet, and Statement of Contributions must be completed (these forms are provided in the application found at cpex.org/scotlandville-weatherization)
- Renters: Completed and Signed Lessor/Owner Agreement form (form provided in application) and copy of the lease
- Homeowners: Proof of home ownership

Please note that incomplete applications will cause delays.

How to Apply
1. Complete application with all required signatures.
2. Gather and attach copies of all required documents listed above.
3. Submit your application at the Weatherization Application Assistance Event.

Weatherization Application Assistance Event Details:

September 9, 2023
9 AM - 1 PM
St. Gabriel Community Center
1400 Gordon Simon Leblanc Dr.

REGISTRATION IS REQUIRED TO ATTEND THE WEATHERIZATION APPLICATION ASSISTANCE EVENTS

To register for the Weatherization Application Assistance Event, visit: www.cpex.org/weatherization
Weatherization Assistance Program (WAP)
Application for Assistance

<table>
<thead>
<tr>
<th>To be completed by the Contractor:</th>
<th>Eligibility</th>
<th>Date entered into HES</th>
</tr>
</thead>
</table>

1. Application Information:

- **Date:** ________________
- **Parish:** ________________
- **Contractor:** __________________________________________
- **Applicant:** __________________________________________
- **Street Address:** _______________________________________
- **Mailing Address:** _______________________________________
- **Phone:** ________________
- **Alternate Phone:** ___________________
- **Email:** _______________________________________________

2. Fuel Usage Information:

<table>
<thead>
<tr>
<th>Utility Name</th>
<th>Account #</th>
<th>Name On Bill</th>
<th>Energy Cost</th>
<th>Utility Allowance</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3. Fuel Type for Heating: __________________________________________

4. Household Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Disabled</th>
<th>Race</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
LHC WAP: Application for Assistance

5. Family Income Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Income Type</th>
<th>Employer Name</th>
<th>Monthly Income</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Total Family Income</td>
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</tbody>
</table>

6. Do any household members have pre-existing or potential health conditions to take into consideration for weatherization of the residence?  
   Circle Yes or No

Please contact the person listed below with any potential health condition issues:

Name: ______________________ Phone: ___________________ Email: ___________________

7. Type of home: (Circle One)

   - Single Family House – Owner Occupied
   - Single Family House – Renter Occupied – Owner Contact: ________________________________
   - Mobile Home – Owner Occupied
   - Mobile Home – Renter Occupied – Owner Contact: ________________________________
   - Duplex – Owner Occupied
   - Duplex – Renter Occupied – Owner Contact: ________________________________
   - Apartment (2-4 units per building) – Renter Occupied – Owner Contact: __________________
   - Apartment (5 or more units per building) – Renter Occupied
   - Other _______________________________

8. What year was the home built? ________________________________

9. Has the home received any weatherization services in the past?  
   Circle Yes or No

   If so, when? ________________________________

   Who performed the past services? (Circle One)

   - The contractor listed above
   - Louisiana Housing Corporation (LHC)
   - U.S. Department of Housing and Urban Development (HUD)
   - U.S. Department of Department of Agriculture (USDA) – Rural Development (RD)
   - City or Parish Government
   - Utility Company (i.e. Entergy, Cleco, Atmos, etc.) ________________________________
   - Private funds
   - Other ________________________________
LHC WAP: Application for Assistance

AUTHORIZATION TO RELEASE INFORMATION:

I understand that the personal information furnished by me to process my WAP application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under the Weatherization Assistance Program (WAP) and is strictly voluntary.

I authorize Louisiana Housing Corporation to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

☐ Yes  ☐ No

Applicant Signature ________________________________  Date ____________

APPLICANT ASSURES THAT:

- I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.
- I grant the Agency and the Louisiana Housing Corporation full permission to verify any and all information with both public and private sources or any entity, which may have furnished me, services.
- I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the Louisiana Housing Corporation.
- I understand that I have a right to request a fair hearing from the Louisiana Housing Corporation if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions.
- I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the Louisiana Housing Corporation and the Contractor named in item # 1 of this form. I understand that failure to provide complete, accurate information may result in me having to repay cost associated with the weatherization work. I further,
  - Give permission for the agency to weatherize my home.
  - Certify that I live at the listed address and am responsible for payment of utility bills at that address.
  - Authorize utility supplier(s) to furnish billing records before and after WAP services are applied to my home.
  - Give permission for the agency to complete a final inspection for quality control after WAP services.
  - Release the Louisiana Housing Corporation and the Contractor named in item # 1 of this form, from all liability while weatherizing my home.
  - Grant permission for photographs and information to be used to document and publicize weatherization.
  - Certify that property is not scheduled for acquisition or clearance under a government program.

Right to an Appeal and Fair Hearing: If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal hearing by the Louisiana Housing Corporation at which time you will be able to present your side for review by persons who will assure that you are treated fairly. Your right to request a fair hearing applies to any of the following.

1. Any decision made by the contractor concerning eligibility redetermination for services or the amount, continuation, termination, or reduction of services.
2. Failure by the contractor to act with reasonable promptness on a request for services.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency’s action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency’s decision by competing and signing below and mailing this form to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809. You will be notified of the date and place of the fair hearing at which time you can represent yourself or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

Civil Rights:
If you believe you have been discriminated against because of race, color, religion, sex, age, familial status, national origin, and/or disability status, you may file a complaint either through the contractor agency or directly to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809 (225) 763-8700; or to the Office of the Governor, Louisiana Commission on Human Rights, P.O. Box 94094, Baton Rouge, LA 70804.

Applicant’s Signature ________________________________  Date ____________  Worker’s Signature * ________________________________  Date ____________

*In signing this form, the worker certifies that the above stated assurances, authorizations, right to appeal and fair hearing statement and Civil Rights statement have been read, explained, and a copy given to the applicant.

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CERTIFICATION FORM FOR COMMUNITY SERVICES BLOCK GRANT
FOR PROGRAM PARTICIPANTS

FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE,
COLOR, NATIONAL ORIGIN, OR HANDICAP

Title VI of the Civil Rights Act of 1964, enacted by the Congress, prohibits discrimination on the
grounds of race, color, or national origin: Section 504 of the Rehabilitation Act of 1973, as amended.
Prohibits discrimination on the basis of handicap. Persons should not be excluded from participation
in, denied the benefits of, or subjected to discrimination under or activity receiving federal financial
assistance. This includes, but is not limited to, such facilities, hospitals, mental health centers, nursing
homes and any other long or short term care facilities, and social service providers. Any person who
believes he or she has been discriminated against should immediately contact either of the
following:

Department of Health and Human Resources Bureau of Civil Rights
Tic Too Building, 200 Riverside Mall
Baton Rouge, La. 70802

Department of DHHS-Health and Social Services
1200 Main Tower-Suite 1900
Regional Office for Civil Rights
Dallas, Tx. 75202

I certify that I have been advised of my rights under Title VI of the Civil Rights Act of 1964, and 45
CFR 80 & 84 Nondiscrimination on the basis of Handicap, and understand these rights as they have
been explained to me. Additionally, I have been provided a copy of the notice that includes
information on where to file a CSBG discrimination complaint and/or grievance procedure.

This certification is to be signed, dated, and a copy given to the participant, and original placed in
program file to be maintained along with application for assistance.

WEATHERIZATION
Program(s) (CSBG Funded Indirectly or Directly)

Program Participant Name (Print)  Program Participant Name Signature  Date

Questions and inquiries should be directed to
Debbie P. Butler, EO Officer, Quad Area Community Action Agency
Post Office Box 227
Lessor / Owner Agreement

Contractor: ________________________________

I am the lessor/owner of the dwelling unit located at ________________________________
for which the lessee/applicant, ________________________________, has applied to receive Weatherization Assistance Program services through the above named Contractor agency.

I give my permission for the above contractor to install weatherization measures to the dwelling unity in accordance with the Department of Energy and State of Louisiana regulations.

I agree to release the above contractor of all liability while weatherizing the dwelling unit described above.

I confirm that the lessee/applicant (or a person in his/her household) is responsible for the payment of all cost associated with the utilities at the above address.

The lessee/applicant authorizes any utility vendor(s) to make the billing records available to the contractor or its designee, prior to and subsequent to the installation of weatherization measures, for the purpose of evaluating the effectiveness of the energy savings measures of the weatherization assistance services. The vendor(s) is (are):

Vendor # 1. ________________________________ Acct. # ________________________________
Vendor # 2. ________________________________ Acct. # ________________________________

I, and the lessee/applicant, grant permission for photographs and non-confidential information concerning the above unit to be used to document and/or publicized the weatherization assistance program.

I, and the lessee/applicant acknowledge that the current monthly rent is $ ______________. For one year, I will not evict the tenant unless the tenant is in violation of a valid lease agreement clause. In the event of a rent increase and/or unlawful eviction, I will reimburse the contractor the total cost of the weatherization work done on the unit.

This agreement becomes effective on the date when the weatherization assistance work has passed a satisfactory post inspection by the contractors' inspector, and is acceptable to and approved by the lessee/applicant as verified by their dated signature. It expires on the date the first rent payment is due after the 365 days have passed following the acceptance and approval date of the work performed.

______________________________  ________________________________
Signature of Lessee/Applicant     Date

______________________________  ________________________________
Signature of Lessor/Owner        Date

______________________________  ________________________________
Signature of Contractor Representaive  Date

This form must be attached to the application.

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ZERO INCOME STATEMENT FORM

Date: _______________________________

I, (Full Name) _______________________________, (SSN) ___________ - ________ - ________

do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s))

____ Laid off. Enter month and year of last date worked __________________

____ The job I had was seasonal and has ended

____ I am unable to find employment

____ I have been or am, (circle one) sick / injured and unable to return to work.

____ I expect to return to work by (month/year) __________________

____ I have small children and no one to care for them except me

____ My only source of income is from ________________________________

____ I am no longer eligible for Unemployment Benefits

____ I receive assistance from the La. Dept. of Social Services (circle all that apply) Food Stamps, TANF funds, OTHER: ________________________________

____ Other (please use the space below to write any conditions that are not covered above)

________________________________________

________________________________________

________________________________________

I understand that if I knowingly give incomplete, inaccurate, or incorrect information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature: ________________________________

Customer Signature __________________________

Agency Representative _________________________
# ZERO INCOME SUPPLEMENTAL SHEET

## APPLICANT NAME: ____________________________

### SECTION 1: HOUSEHOLD MONTHLY EXPENSES

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>MONTHLY EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>RENT/MORTGAGE</td>
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</tr>
<tr>
<td>FOOD PURCHASES</td>
<td></td>
</tr>
<tr>
<td>AVG. ELECTRIC BILL</td>
<td></td>
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<tr>
<td>AVG. GAS BILL</td>
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<tr>
<td>AVG. WATER BILL</td>
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<tr>
<td>SEWER/GARBAGE</td>
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<tr>
<td>HOME TELEPHONE</td>
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<tr>
<td>CELL PHONE</td>
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<tr>
<td>CABLE/SATELLITE</td>
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<tr>
<td>CLOTHING EXPENSES</td>
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<tr>
<td>SCHOOL EXPENSES</td>
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<tr>
<td>MEDICAL EXPENSES</td>
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<tr>
<td>(NOT MEDICINE)</td>
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</tr>
<tr>
<td>PRESCRIPTION EXP</td>
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</table>

**TOTAL HOUSEHOLD**

### SECTION 2: VEHICLE MONTHLY EXPENSES

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>MONTHLY EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAR NOTE</td>
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<tr>
<td>AUTO INSURANCE</td>
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</tr>
<tr>
<td>AVG. FUEL COST</td>
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</tbody>
</table>

**TOTAL VEHICLE**

**TOTAL HOUSEHOLD EXP**

**TOTAL VEHICLE EXPENSES**

**OTHER (IF ANY)**

**TOTAL EXPENSES**

### SECTION 3: MONTHLY INCOME

<table>
<thead>
<tr>
<th>INCOME</th>
<th>MONTHLY INCOME</th>
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</thead>
<tbody>
<tr>
<td>SELF EMPLOYMENT</td>
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</tr>
<tr>
<td>WAGES</td>
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<td>SSI</td>
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<tr>
<td>VETERANS PENSION</td>
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<td>UNEMPLOYMENT</td>
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<tr>
<td>WORKMAN'S COMP</td>
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<tr>
<td>RENTAL INCOME</td>
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<td>ALIMONY</td>
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<tr>
<td>TANF CASH ASSISTANCE</td>
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</tr>
<tr>
<td>REGULAR CONTRIBUTIONS</td>
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</tr>
<tr>
<td>*FAMILY</td>
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<tr>
<td>*FRIENDS</td>
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<tr>
<td>OTHER</td>
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**TOTAL INCOME**

### SECTION 4: EXEMPT INCOME

<table>
<thead>
<tr>
<th>INCOME</th>
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</tr>
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<tbody>
<tr>
<td>FOOD STAMPS</td>
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<tr>
<td>AFDC</td>
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<tr>
<td>CHILD SUPPORT</td>
<td></td>
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<tr>
<td>OTHER INCOME</td>
<td></td>
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**TOTAL EXEMPT INCOME**

### INSTRUCTIONS:

1. ENTER EXPENSES AMOUNT REPORTED BY APPLICANT IN SECTION 1 AND 2.

2. ENTER INCOME AMOUNTS IN SECTION 3 AND 4.

3. THE INTAKE WORKER MUST ASK APPLICANT FOR WRITTEN EXPLANATION OF INCOME SOURCES, IF ANY. (FOR EXAMPLE, ASK APPLICANT HOW THEIR EXPENSES ARE BEING PAID. THE INTAKE WORKER MUST DOCUMENT THE APPLICANT’S FILE WITH THIS INFORMATION UNDER SECTION 3 AND 4.)

*NOTE: ALL REGULAR CONTRIBUTIONS RECEIVED FROM FAMILY AND/OR FRIENDS MUST BE DOCUMENTED ON THE STATEMENT OF CONTRIBUTIONS FORM, WHICH IS TO BE FILLED OUT, SIGNED AND DATED BY THE PERSON GIVING THE CONTRIBUTION.*

I CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION PRESENTED ABOVE IS ACCURATE.

**APPLICANT’S SIGNATURE: ____________________________ DATE: __________**

**AGENCY REPRESENTATIVE’S SIGNATURE: ____________________________ DATE: __________**

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Agency Name: ____________________________________________
Agency Address: ________________________________________

STATEMENT OF CONTRIBUTIONS

Date: ________________________________

I, (name of person making contribution) _______________________________________
do, hereby declare that I assist (enter the name of the person being assisted) ______________________

with monthly household expenses. Our relationship is (check the appropriate box)
☐ I am a relative  ☐ I am a friend  ☐ other: ________________________________
The amount of my monthly contribution is $_____________________

Or

I assist with the following:

___ A. Rent..........................................................Amount: ______________________
___ B. Food..........................................................______________________________
___ C. Utility Bills..................................................____________________________
___ D. Transportation .............................................___________________________
___ E. Medical Expenses ..........................................__________________________

TOTAL: __________________

I understand that if I knowingly give incomplete, inaccurate, or incorrect information, regarding my
assistance with the person named above, I am subject to criminal prosecution under Title 18 of the
U.S. Code.

Contributor’s Name: ________________________________________________
Address: ____________________________________________________________
City: ___________________________ Zip: ________________________________

PHONE NUMBER: (____)__________________________

Signature of Contributor: ____________________________________________

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